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APPLICANTS

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**** CONTINUING DATA** *me S.S.* *****

**** FOREIGN APPLICATIONS** *me S.S.* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/12/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> <i>S.S.</i> Allowance Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
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ADDRESS
 35813
 DESIGN IP-DEPT. MOT
 5000 W. TILGHMAN STREET
 SUITE 153
 ALLENTOWN, PA
 18104

TITLE
 Removable keypad for a portable communication device and method

FILING FEE RECEIVED 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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